PTO/SB/01 (10-01)
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## COMBINED **Attorney Docket Number** 10458-20US SC/ip **DECLARATION FOR UTILITY OR DESIGN First Named Inventor** WALRAVENS, Christophe PATENT APPLICATION (37 CFR 1.63) Complete if known AND POWER OF ATTORNEY Application Number Filing Date ☐ Declaration Submitted Declaration $\boxtimes$ OR Group Art Unit after Initial Filing (surcharge (37 CFR 1.16(e)) required) Submitted with Initial Filing **Examiner Name** As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUXILIARY OPERATING DEVICE FOR ALLOWING MANUAL OPERATION OF A CLOSURE NORMALLY DRIVEN BY A MOTOR									
the specific	ation of which								
$\boxtimes$	·								
	OR								
	was filed on								
(mm/dd/yyyy)									
	as United States Application Number or PCT International Application Number								
and was amended on				(if applicable).					
				m/dd/yyyy)					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application			Foreign Filing Date	Priority	Certified Cop				
	mber(s)	Cou		(MM/DD/YYYY)	Not claimed	YES	NO		
2,4	126,369	Can	ada	04/23/2003		<b>I</b>			
							$\overline{}$		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)			Filing Da	te (MM/DD/YYYY)					
							application supplemental PTO/SB/02B		

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## COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
-		
☐ Additional U.S. or PCT International application numbers	are listed on a supplemental priority da	ata sheet PTO/SB/02B attached hereto:
As a named inventor, I hereby appoint the fol and to transact all business in the Patent Trad		
	r: 020988	
Direct all correspondence to:		
meet all correspondence to.		
hereby declare that all statements made he made on information and belief are believed to the knowledge that willful false statements and both, under 18 U.S.C. 1001 and that suclapplication or any patent issued thereon.	o be true; and further that the id the like so made are punis	ese statements were made with shable by fine or imprisonment,
Name of sole or First Inventor:	☐ A petition has be	een filed for this unsigned inventor
Given Name (first and middle [if any])	Family	y Name or Surname
Christophe	/	WALRAVENS
nventor's Signature Chustaphe Wa	L thy Date	7/04/2004
Residence: City <u>Mercier</u> State <u>Q</u>	uébec Country Canada	Citizenship Canadian
Post Office Address 21 Des Ormes		
City Mercier Province or State	Québec Postal Code Or Zip	J6R 1W8 Country Canada

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## COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (10-00)

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
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DECLARATION	Page <u>3</u> of <u>3</u>							
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname							
Daniel	) <u>LELIÈVRE</u>							
Inventor's Signature  Residence: City St-Eustache State Québec Co	Date <u><u><u></u><u><u><u></u><u><u></u><u><u><u></u><u><u></u><u><u></u><u><u></u><u><u></u> <u><u></u> <u></u> <u><u></u> <u> </u> <u> </u> <u> </u> </u></u></u></u></u></u></u></u></u></u></u></u></u>							
Post Office Address 410 Blouin								
City St-Eustache Province or State Québec	Postal Code Or Zip <b>J7R 1T1</b> Country <b>Canada</b>							
Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])	☐ A petition has been filed for this unsigned inventor  Family Name or Surname							
Christian	CLAUDEL							
Inventor's Signature  Residence: RiCHELIEU City Montréal State Québec Co	Date April 2 2014  Funtry Canada Citizenship Canadian							
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Name of Additional Joint Inventor, if any:  Given Name (first and middle [if any])	☐ A petition has been filed for this unsigned inventor Family Name or Surname							
Inventor's Signature  Residence: City  State  Co	Dateuntry Citizenship							
Post Office Address	· · · · · · · · · · · · · · · · · · ·							
City Province or State	Postal Code Or Zip Country							
☐ Additional inventors are being named on the suppleme	ental Additional Inventor(s) PTO/SB/02A attached hereto							